## PLEASE FILL OUT TO THE BEST OF YOUR ABILITY BRING THIS WITH YOU TO DISPOSITION INTERVIEW

MOTHER/GI	JARDIA	N'S F	INA	ANCIA	AL/EM	PLOY	<b>MENT</b>	Γ STAT	ΓUS			
Name:												
Employed?		Unem	ploye	ed?	9	Self-em	ployed?	1	State	e Aid	?	
Employe	er address	:										
Emplo	yer phone	:										
p.o.	Job title	_										
How lo	ong at job							Was	ge or Salar	v: \$		
OTHER SOURCE												
		MINO						IINOR'S ORTION				MINOR'S PORTION
AFDC:	\$	\$		DEATH	BENEFITS	5: \$	\$		FOOD STA	MPS:	\$	\$
VA/BENEFITS:		\$			JST FUND		\$		DISABI		· ·	\$
PENSION	\$	\$			VORKER'	·	\$			ENTS	\$	\$
RETIREMENT: STOCKS/BONDS:	\$	\$			ENSATIOI ALIMONY	_	\$		RECE	SSI:	\$	\$
SOCIAL		\$			SUPPORT		\$		UNEMPLOY		\$	\$
SECURITY: TOTAL:	\$	ċ			TOTAL	_: \$	\$		T(	)ΤΔΙ•	\$	\$
TOTAL: \$ \$ TOTAL: \$ \$ TOTAL: \$ \$ WHY DO YOU RECEIVE STATE ASSISTANCE:												
TOTAL MO	NTHLY INC	COME:	\$					CASH	ON HANI	): <b>\$</b>		
CHECKING A							SAVINO	GS ACCT	. BALANCI			
ASSESTS/EXPEN				5								
☐ CHECK IF PAR					AND EXE	PENSES	ARE CO	OMBINE	:D			
DO YOU OWN Y												
IF OWN HOME, ADDRESS:												
MARKET VAL					AM	OUNT	\$		EQ	UITY:	\$	
HOUSE:				(	OWED:			·				
VEHICLES (INCLUDE BOATS/MOTORCYCLES)				) MAI	KE/MOI	DEL	YEAR	VALUI	E /	AMOU	NT OWED	
EXAMPLE: CAR					DAT	SUN		1979	<b>\$</b> 500		\$O	
									\$		<b>;</b>	
									\$		<b>,</b>	
			٧	VHAT A	RE YOU	JR MON	NTHLY B	BILLS?				
REN	T/MORTG	AGE:	\$				CAR	MAINT	ENANCE:	\$		
HOME/RENTER'	S INSURA	NCE:	\$			SCH	OOL/CO	LLEGE '	TUITION:	\$		
	ELECTRIC	CITY:	\$			MEDICAL BILLS: \$						
GAS/PROPANE: \$				COURT FINES/FEES: \$								
PHONE(INCLUDE CELL): \$				TOTAL CREDIT CARDS: \$								
TV/CAB	LE/SATELI	LITE:	\$				HEAL	TH INS	URANCE:	\$		
	INTER	NET:	\$			ALI	MONY/0	CHILD S	UPPORT:	\$		
WATER:									FOOD:	\$		
PHONE(INCLUDE CELL TV/CABLE/SATELLITI INTERNE			\$						OTHER:	\$		
C	AR PAYM	ENT:	\$					TOTAL	INCOME:	\$		
CAR INSURANCE:			\$				T	OTAL EX	(PENSES:	\$		

FATHER/GU	ARDIA	N'S F	INA	<b>NCI</b>	AL/I	EMP	LOYA	ΛΕΝΊ	STAT	US				
Name:														
Employed? Unemployed				yed?		Self-employed? State Aid?								
Employer address:														
Emplo	yer phon	e:												
	Job title													
How le	ong at jol								Wa	ge or Salar	y: \$			
OTHER SOURCE										80 01 Baiai	) ·   ·			
		MINO	R'S						MINOR'S				MINOR'S	
		PORTI	ON					F	PORTION				PORTION	
AFDC:	\$	\$				NEFITS:		\$		FOOD STA		\$	\$	
VA/BENEFITS:	\$	\$		Т		FUND:	<del></del>	\$		DISAB		\$	\$	
PENSION	\$	\$		COM		RKER'S	'	\$			ENTS	\$	\$	
RETIREMENT: STOCKS/BONDS:	\$	\$		CON		SATION IMONY:		\$		RECE	IVED: SSI:	\$	\$	
SOCIAL	\$	\$		CHII		PPORT:		\$		UNEMPLOY		\$	\$	
SECURITY:	7	7		CITIE	50			7				7	7	
TOTAL:	\$	\$				TOTAL:	; \$	\$		T	OTAL:	\$	\$	
WHY DO YOU R	WHY DO YOU RECEIVE STATE ASSISTANCE:													
TOTAL MO	NTHI Y IN	ICOME	: \$						CAS	H ON HANI	D: \$			
	TOTAL MONTHLY INCOME: \$ CASH ON HAND: \$  CHECKING ACCT. BALANCE: \$ SAVINGS ACCT. BALANCE: \$													
ASSESTS/EXPEN			_					57 (711	1057100		_, ,			
☐ CHECK IF PAF					S AN	D EXP	ENSES	ARE C	OMBINE	D				
DO YOU OWN Y	OUR HO	ME? OF	RE	NT?										
IF OWN HOME,	ADDRESS	5:												
MARKET VAL	UE OF \$	<b>;</b>				AMOUNT \$				EQ	UITY:	; \$		
Н	OUSE:					0	WED:							
<b>VEHICLES (INCL</b>	UDE BOA	TS/MC	TOF	RCYCLI	ES)	MAK	Ε/ΜΟΙ	DEL	YEAR	VALU	E .	NT OWED		
EXAMPLE: CAR						DATS	SUN		1979	<b>\$</b> 500		\$O		
										\$		\$		
										\$		\$		
				WHAT	ARI	E YOU	R MON	ITHLY	BILLS?	'				
REN	T/MORT	GAGE:	\$					CA	R MAINT	ENANCE:	\$			
HOME/RENTER'S INSURANCE: \$					SCHOOL/COLLEGE TUITION: \$									
ELECTRICITY: \$				MEDICAL BILLS: \$										
GAS/PROPANE: \$				COURT FINES/FEES: \$										
PHONE(INCLUDE CELL): \$				TOTAL CREDIT CARDS: \$										
TV/CABLE/SATELLITE: \$				HEALTH INSURANCE: \$										
INTERNET: \$					ALI			UPPORT:	\$					
WATER: \$								,	FOOD:	\$				
									OTHER:	\$				
			\$						ΤΩΤΔΙ		\$			

SOCIAL HISTORY – PARENTS	S/GUARDI	AN									
Which parent does the child live with	primarily?	Mother:	Yes	<u>.</u>							
In/Ame the area than managed (2)		Father:	Yes No								
Is/Are there step-parent(s)? Step far Yes No	ther name:		Step mother name:								
Are any parents deceased? When? How?											
Are any parent's whereabouts unknown? Which one and for how long?											
Date of birth, City/State Mother/Guar	Date of birth, City/State Mother/Guardian born in: Date of birth, City/State Father/Guardian born in:										
Mother/Guardian raised by:	Mother/Guardian raised by: Father/Guardian raised by:										
Mother: Did you graduate high school If yes, name of school:	Mother: Did you graduate high school? Yes No If yes, name of school:  Father: Did you graduate high school? Yes No If yes, name of school:										
How did mother and father meet? If a	applicable, w	hen did you ma	rry? O	r how long did you live together?							
If divorced/separated, why and how long have you been apart?											
Please list all children, with birthdate		our relationship	:								
Was there domestic violence?				ug/alcohol abuse? Yes No							
Were there arrests? YES NO If yes, list type of drugs:											
Were there restraining orders?	YES NO	If was h		iton drugialsobol was used.							
Is there a restraining order now? YES NO If yes, how often drug/alcohol was used:  When does it expire? DATE:											
If sober now, how long?											
		Mother	•	Father:							
Has Child Welfare Services ever had contact with your family? Yes No											
If yes, please include approximate ye	ar and why.										

PARENT/GUARDIAN'S CRIMINA	AL HISTORY								
MOTHER/GUARDIAN'S CRIMINAL HISTORY   I have never been arrested nor have a criminal history.									
Have you spent time in any of the following facilities? If yes, include year and how long you were incarcerated.	Jail: Yes No		Prison: Y	es No					
Are you, or have you ever been on any of the following? Include year, how long and what county it occurred in.	Parole: Yes No	Probation	n: Yes No	Summary Probation: Yes No					
In the past, what have you been arrested	l for? List all you can ।	remember.							
Do you have any pending court matters? If yes, please describe.									
FATHER/GUARDIAN'S CRIMINAL HISTOR	T	r been arre		ave a criminal history.					
Have you spent time in any of the following facilities? If yes, include year and how long you were incarcerated.	Jail: Yes No		Prison: Y	es No					
Are you, or have you ever been on any of the following? Include year, how long and what county it occurred in.	Parole: Yes No	Probation	n: Yes No	Summary Probation: Yes No					
In the past, what have you been arrested	l for? List all you can i	remember.							
Do you have any pending court matters? If yes, please describe.	Yes No								

HOME ENVIRONMENT
List all people living in the house with the child and their relationship:
December 1 de la lata Paris de lata Paris de la lata Paris de lata Paris de lata Paris de la lata Paris de lata Paris de la lata Paris de la lata Paris de lata Paris de la lata Paris de lata Paris d
Do you want the child to live in your home? Why?
Mother/Guardian – Describe how you will properly supervise the child?
Father/Guardian – Describe how you will properly supervise the child?
Mother/Guardian – Describe the discipline and reward strategy you use with the child.
Mother/Guardian – Describe the discipline and reward strategy you use with the child.
Father/Guardian – Describe the discipline and reward strategy you use with the child.

## **FAMILY**

## PLEASE LIST ALL FAMILY

We are required by law to identify all potential family the child could possibly stay with in an emergency.

NAME	RELATIONSHIP	AGE	LOCATION	TELEPHONE		